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mannenance ree no	inication	15.		<u> </u>				nould be completed when correspondence address a trate "FEE ADDRESS" for
21559 CLARK & 101 FEDER BOSTON, M	75 ELBI AL ST 1A 021	90 09/09 NG LLP REET	ock 1 for any change of address) /2008	DEC 0 4 2908 من المالية	e: A certificate of mailing can only be used for domestic mailings of the s) Transmittal. This certificate cannot be used for any other accompanying ress. Each additional paper, such as an assignment or formal drawing, must its own certificate of mailing or transmission. Certificate of Mailing or Transmission reby certify that this Fee(s) Transmittal is being deposited with the United as Postal Service with sufficient postage for first class mail in an envelope ressed to the Mail Stop ISSUE FEE address above, or being facsimile smitted to the USPTO (571) 273-2885, on the date indicated below.			
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APPLICATION	NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/521,634 10/11/2005				Brian Seed		00786/432002		4930
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APPLN, TYPE		SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional		NO	\$1440 	\$300	\$0		\$1740	12/09/2008
EXAMINER			ART UNIT	CLASS-SUBCLASS	7			
WILSON, MICHAEL C			1632	435-010000	_			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAM	IE AND	RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or ty	rpe)			

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PLEASE NOTE: Unless an assignee is identified below, no assign recordation as set forth in 37 CFR 3.11. Completion of this form is 1	nee data will appear on the patent. If an assignee is identified below, the document has been filed for NOT a substitute for filing an assignment.
(A) NAME OF ASSIGNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)
The General Hospital Corporation	Boston, MA
Please check the appropriate assignee category or categories (will not be	e printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🗀 Government
a. The following fee(s) are submitted: Issue Fee	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	D b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
NOTE: The Issue Fee and Publication Fee (if required) will not be acce nterest as shown by the records of the United States Patent and Tradem	pted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in ark Office.
Authorized Signature / / / X . 2	Date December 2, 2008
Typed or printed name Kayen L. Elbing, Ph.D.	Registration No. 35,238

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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